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APPLICANTS

Hugo R. Rosen, Tigard, OR;

** CONTINUING DATA *****

This application is a CON of 09/421,987 10/19/1999 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 2	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

24197
 KLARQUIST SPARKMAN, LLP
 121 SW SALMON STREET
 SUITE 1600
 PORTLAND, OR
 97204

TITLE

METHODS FOR IDENTIFYING A PREFERRED LIVER TRANSPLANT DONOR

FILING FEE RECEIVED 1348	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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